

## PRESENT OR LAST EMPLOYER

NAME OF EMPLOYER				TELEPHONE	
ADDRESS - STREET		CITY	STATE AND ZIP CODE		IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (MO. AND YR.) FROM:                      TO:		TITLE OF POSITION		SALARY-START \$	HOURLY RATE \$
				\$	\$

Reason for change or leaving \_\_\_\_\_

Description of duties \_\_\_\_\_

NAME OF EMPLOYER				TELEPHONE	
ADDRESS - STREET		CITY	STATE AND ZIP CODE		IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (MO. AND YR.) FROM:                      TO:		TITLE OF POSITION		SALARY-START \$	HOURLY RATE \$
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ADDRESS - STREET		CITY	STATE AND ZIP CODE		IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (MO. AND YR.) FROM:                      TO:		TITLE OF POSITION		SALARY-START \$	HOURLY RATE \$
				\$	\$

Reason for change or leaving \_\_\_\_\_

Description of duties \_\_\_\_\_

### REFERENCES

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### ADDITIONAL INFORMATION

(Please list any additional employment or any information you believe would be helpful) \_\_\_\_\_

### TERMS OF EMPLOYMENT

I understand that if I am hired, employment is not for any specific period of time, and The City of Rome may end the employment relationship, at any time, without specified notice or reason, and without liability to the undersigned except for earned wages or salary.

I understand that the Company will require applicants for employment to take a urinalysis or blood test for drug and alcohol screening as part of a pre-employment physical examination, and that any offer of employment with The City of Rome is conditioned upon the results of my physical examination (including urinalysis or blood tests for drug or alcohol screens) being satisfactory. I understand that if I am employed The City of Rome, the Company will require that I submit to a drug or alcohol screen if I apply for promotion, if I am involved in an on-the-job accident, or if the Company has a reasonable suspicion that I am under the influence of drugs or alcohol, and I hereby authorize the release of the results of any physical examinations or drug tests required herein to The City of Rome. I further understand that the Company may inspect all lockers and any bags (including purses or briefcases) or parcels brought into or taken out of City Property, and that my refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in the termination of my employment.

The facts set forth above in my application for employment are true and complete. I understand that if I am employed, any false statements on this application shall be considered sufficient cause for dismissal. I hereby authorize The City of Rome to determine my suitability and justification for employment, to contact any or all of my previous employers and otherwise to investigate my character, general reputation, personal characteristics, work habits, skills and/or abilities through any credit bureau, credit agency or other consumer information agency of its choice. I authorize persons, schools and employers named in this application to provide The City of Rome with any relevant information that may be required to arrive at an employment

decision. In connection therewith and in consideration of the undertaking of The City of Rome to review this application for employment and to consider me for hire, I hereby release and acquit The City of Rome from any liability whatsoever for any damage which I may suffer or sustain by reason of its use of any such report or information.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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